AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH

399 RIDOUT STREET NORTH
SIDE ENTRANCE (RECESSED DOOR)
Board of Health Boardroom

Thursday, 7:00 p.m.
2017 November 16

MISSION – MIDDLESEX-LONDON HEALTH UNIT

The mission of the Middlesex-London Health Unit is to promote and protect the health of our community.

MEMBERS OF THE BOARD OF HEALTH

Ms. Maureen Cassidy
Mr. Michael Clarke
Ms. Patricia Fulton
Mr. Jesse Helmer (Chair)
Mr. Trevor Hunter
Ms. Tino Kasi
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Vice-Chair)

SECRETARY-TREASURER

Dr. Christopher Mackie

DISCLOSURE OF CONFLICTS OF INTEREST

APPROVAL OF AGENDA

APPROVAL OF MINUTES

Board of Health meeting, October 19, 2017.
Governance Committee meeting, October 19, 2017.

DELEGATIONS

7:05 – 7:15 p.m. Ms. Trish Fulton, Chair, Finance & Facilities Committee re: Item # 1, November 2 FFC meeting

Receive: November 2, 2017 Finance and Facilities Committee meeting minutes

Item #	Report Name and Number	Link to Additional Information	Delegation	Recommendation	Information	Brief Overview
Committee Reports						
1	Finance and Facilities Committee (FFC) meeting, November 2 2017 (Report 058-17)	Agenda: November 2, 2017 Minutes: November 2, 2017	x	x	x	To receive a verbal update from the November 2, 2017 Finance & Facilities Committee (FFC) meeting.
Delegation and Recommendation Reports						
2	Modernization of the Smoke-Free Ontario Strategy (Report No. 059-17)			X		Submit a letter of support to the Ministry of Health and Long-Term Care (MOHLTC) urging the government to implement the recommendations made by the Executive Steering Committee to modernize the Smoke-Free Ontario Strategy
3	Nutritious Food Basket Survey Results for 2017 and the Cost of Healthy Eating (Report No. 060-17)	Appendix A – Food Insecurity		X		Advocacy for continued local surveillance and monitoring of food costing by public health units through a Nutrious Food Basket Protocol and Budance Document under the new Standards for Public Health Programs and Services (SPHPS)
Information Reports						
4	Oral Health Team Staffing Model Restructure (Report No. 061-17)				X	Increasing efficiencies in Oral Health by restructuring the staffing model for dental hygenists
5	Locally Driven Collaborative Project on Food Literacy (LDCP) (Report No. 062-17)				X	Update on the provincial LDCP work on Food literacy and MLHU leadership with this multi-year proposal
6	Summary Information Report, November 2017 (Report No. 063-17)	Appendix A Harvest Bucks Inforgraphic 2016			X	• Burden of Occupational Cancer in Ontario • 2016 Harvest Bucks Evaluation
7	Medical Officer of Health / CEO Activity Report, November 2017 (Report No. 064-17)				X	• To provide an update on the activities of MOH / CEO for November 2017.

OTHER BUSINESS

- Next Finance & Facilities Committee meeting: December 7, 2017 @ 9:00 a.m.
- Next Board of Health meeting: December 14, 2017 @ 6:00 p.m.
- BOH Annual Dinner – 7:00p.m. immediately following the meeting

CORRESPONDENCE

a) Date: 2017 October 18
Topic: Response to Expert Panel Report on Public Health
From: Chatham-Kent Public Health
To: Minister Hoskins and Boards of Health

Background:

The Expert Panel Report on Public Health made recommendations to strengthen and increase the integration of the public health sector within the rest of Ontario's health care system. Recommendations included changes to the organizational structure of public health, geographic boundaries, leadership structures and approaches to governance.

The Ministry of Health and Long-Term Care invited stakeholders to submit feedback and comments until October 31, 2017.

The Middlesex-London Health Unit (MLHU) Board of Health approved the submission of an MLHU response at the October 19 meeting and directed staff to work with representatives of the City of London and the County of Middlesex to submit a joint cover letter that introduces the three organizations' separate responses to the Expert Panel and highlights common concerns.

In the response submitted by Chatham-Kent Public Health, they expressed specific concerns regarding the consultation process, addressing local needs, available resources for amalgamation, integration with community partners outside of health care and governance models.

Recommendation:

Receive.

b) Date: 2017 October 19
Topic: Response to Expert Panel Report on Public Health
From: Peterborough Public Health
To: MOHLTC and Boards of Health

Background:

See item (a) above.

Peterborough Public Health believes that the recommendation would jeopardize relations that the board of health has cultivated with local governments and communities. It recognizes that regionalization of functions could be effective, it would be costly and disruptive and these could be achieved through strategic integration and voluntary amalgamations. They also recognize the challenges of aligning geographic boundaries with health care delivery and that this is not always easy. They suggest improving governance through better training, policy direction and more responsive and proactive member recruitment.

Recommendation:

Receive.

c) Date: 2017 October 23
Topic: Ontario's Safe and Sensible Framework to Manage Federal Legalization of Cannabis
From: St. Thomas Elgin Public Health
To: The Honourable Yasir Naqvi

Background:

Peterborough Public Health (PPH) congratulated the Attorney General of Ontario on the release of their plans for regulating legalized cannabis. PPH also advocated that the Province continue to use a public health approach and adopt measures such as plain packaging, prohibition of the production and sale of products that are attractive to youth, child-resistant packaging and prohibition of cannabis advertisement.

Elgin St. Thomas Public Health wrote correspondence to support these approaches.

Recommendation:

Receive.

d) Date: 2017 October 25
Topic: Assessment of the Health Menu Choices Act
From: Grey Bruce Health Unit
To: Minister Hoskins and Boards of Health

Background:

Peterborough Public Health requested that the Ministry of Health and Long-Term Care communicate how the Healthy Menu Choices Act will be assessed and suggests potential indicators and considerations for the evaluation. The Grey Bruce Health Unit passed a motion supporting this position.

Recommendation:

Receive.

e) Date: 2017 October 25
Topic: Health Promotion Resource Centres
From: Grey Bruce Health Unit
To: Minister Hoskins and Boards of Health

Background:

On March 31, 2017, many agencies funded as Health Promotion Resource Centres were informed that their funding for the Resource Centre would end as of March 2018. These Resource Centres provide crucial support to our local level work in tobacco, alcohol and nutrition, including access to data, research, and evaluation support.

The Grey Bruce Health Unit passed a motion requesting that the province reconsider the decision to eliminate funding for the Health Promotion Resource Centres to be replaced with annual competitive grants.

Recommendation:

Receive.

f) Date: 2017 October 25
Topic: Smoke-Free Ontario Modernization
From: Simcoe Muskoka District Health Unit
To: Minister Hoskins and Boards of Health

Background:

On March 15, 2017, the Board of Health for the Simcoe Muskoka District Health Unit passed a motion to write to the federal government in supporting the approaches identified at the 2016 summit, A Tobacco Endgame for Canada and its target of reducing tobacco use to less than five per cent by 2035. They also communicated with the Ministry of Health and Long-Term care in recommending that modernization of the Smoke-Free Ontario Strategy include the recommendations identified in the Tobacco Endgame strategy.
The Simcoe Muskoka District Health Unit was pleased to see the "Smoke-Free Ontario Modernization Report" and commends the Executive Steering Committee.

Recommendation:

Receive.

g) Date: 2017 October 25
Topic: Potential Health Harms from the Modernization of Alcohol Retail Sales in Ontario
From: Thunder Bay District Health Unit
To: Minister Hoskins and Boards of Health

Background:

The Thunder Bay District Health Unit called on the Government of Ontario to fulfill its commitment to develop a comprehensive strategy to support the safe consumption of alcohol and the modernization of alcohol retail sales.

Recommendation:

Receive.

h) Date: 2017 October 26
Topic: Advocacy for the Nutritious Food Basket
From: Kingston, Frontenac and Lennox & Addington Public Health
To: Minister Hoskins and Boards of Health

Background:

The Kingston, Frontenac and Lennox & Addington Board of Health passed motions that recommended the Minister of Health and Long-Term Care provide and support updated nutritious food basket protocols as part of the modernized Standards for Public Health Programs and Services to ensure consistent data collection and methodology for community-level food costing across the province.

The Middlesex-London Health Unit Board of Health made similar recommendations to the above position statement at the November 17th, 2016 Board of Health meeting.

Recommendation:

Receive.

i) Date: 2017 October 26
Topic: KFL&A Response to the Report of the Minister's Expert Panel on Public Health
From: Kingston, Frontenac and Lennox & Addington Public Health
To: Minister Hoskins and Boards of Health

Background:

See item (a) above.

The Kingston, Frontenac and Lennox & Addington (KFL&A) Board of Health expressed concern regarding the integration of public health into the healthcare system and the disruption of integration. Specific concerns were expressed regarding the loss of focus on the local needs, that amalgamation is

not universally appropriate for all health units, a loss of integration with municipalities, effect and costs of leadership changes, and the allocation of municipal funding. There were additional concerns regarding the lack of evidence or analysis on the impact of integration.

Recommendation:
Receive.

j) Date: 2017 October 30
Topic: Algoma PH Response to the Report of the Minister's Expert Panel on Public Health
From: Algoma Public Health
To: Minister Hoskins and Boards of Health

Background:
See item (a) above.

Algoma Public Health recognizes the need for strengthening Ontario's public health system but has concerns regarding the Expert Panel's recommendations. These include governance, erosion of connection to local municipalities, a decreased focus on upstream health and changes to leadership roles.

Recommendation:
Receive.

k) Date: 2017 October 30
Topic: Alcohol Strategy
From: Algoma Public Health
To: Minister Hoskins and Boards of Health

Background:
See item (g) above.

Recommendation:
Receive.

l) Date: 2017 October 31
Topic: Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth
From: Peterborough Public Health
To: Ministers Hoskins, Hunter and Matthews and Boards of Health

Background:
Peterborough Public Health sent correspondence to the Minsters of Health and Long-Term Care, Education and Advanced Education and Skills Development advocating that further restrictions to the marketing and sale of caffeinated energy drinks to children and youth be considered as work moves forward on this issue.

Recommendation:
Receive.

m) Date: 2017 October 31
Topic: Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth
From: Peterborough Health
To: Minister Petitpas and Boards of Health

Background:
See item (l) above.

Peterborough Public Health also supports restricting the sale of caffeinated energy drinks to those who are of legal drinking age in their jurisdiction.

Recommendation:
Receive.

n) Date: 2017 October 27
Topic: Sudbury & District Health Unit Response to the Expert Panel on Public Health
From: Sudbury & District
To: Ms. Roselle Martino, Assistant Deputy Minister and Boards of Health

Background:
See item (a) above.

The Sudbury & District Board of Health is concerned about the changes to governance, funding and operational connections with local municipalities, the focus on upstream determinants of health, leadership changes, and responsiveness to local needs. They are also concerned with the practice implications that a change of this magnitude would have on the public health system.

Recommendation:
Receive.

o) Date: 2017 October 23
Topic: Northwestern Health Unit Response to the Expert Panel on Public Health
From: Northwestern Health Unit
To: Minister Hoskins and Boards of Health

Background:
See item (a) above.

The Northwestern Board of Health believes that they assumptions and process for developing the report were flawed and itemized these flawed assumptions. They also felt that regional boards would be less responsive to local need, relationships with community partners would be weakened, there would be less municipal representation, costs of the change would be substantial from financial, organizational and structural perspectives.

The Northwestern Board of Health did note potential benefits including efficiencies in some functions and improved ease of working with LHINS.

Recommendation:
Receive.

p) Date: 2017 October 31
Topic: Porcupine Health Unit Response to the Expert Panel on Public Health
From: Porcupine Health Unit
To: Minister Hoskins and Boards of Health

Background:
See item (a) above.

The Porcupine Board of Health expressed concern regarding municipal connections and local voices, less responsiveness to local needs, lack of representation on boards of health, the potential for a decreased focus on multi-sectorial work, and being prioritized lower than acute care. They also indicated

that there is no clear evidence to justify such a change, nor an indication that less disruptive options were considered.

Recommendation:
Receive.

Copies of all correspondence are available for perusal from the Secretary-Treasurer.

CONFIDENTIAL

The Board of Health will move in-camera to discuss matters regarding identifiable individuals and proposed or pending acquisition of land by the Middlesex-London Board of Health and to consider confidential minutes from its October 19, 2017 Board of Health meeting.

ADJOURNMENT

PUBLIC SESSION – MINUTES
MIDDLESEX-LONDON BOARD OF HEALTH
399 Ridout Street, London
Middlesex-London Board of Health Boardroom
Thursday, October 19, 2017 7:00 p.m.

MEMBERS PRESENT: Ms. Maureen Cassidy
Ms. Patricia Fulton
Mr. Jesse Helmer (Chair)
Mr. Trevor Hunter
Mr. Marcel Meyer
Mr. Ian Peer
Mr. Kurtis Smith
Ms. Joanne Vanderheyden (Vice-Chair)
Ms. Tino Kasi

REGRETS: Mr. Michael Clarke

OTHERS PRESENT: Dr. Christopher Mackie, Secretary-Treasurer
Ms. Nicole Patterson, Human Resources Coordinator (Recorder)
Ms. Laura Di Cesare, Director, Corporate Services
Dr. Gayane Hovhannisyan, Associate Medical Officer of Health
Mr. Stephen Turner, Director, Environmental Health and Infectious Disease
Ms. Suzanne Vandervoort, Director, Healthy Living
Mr. Dan Flaherty, Communications Manager
Mr. Alex Tyml, Online Communications Coordinator

Chair Helmer called the meeting to order at 7:00 p.m.

DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Helmer inquired if there were any disclosures of conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the **AGENDA** for the October 19, 2017 Board of Health meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Mr. Hunter, *that the **MINUTES** of the September 21, 2017 Board of Health meeting be approved.*

Carried

COMMITTEE REPORTS

Governance Committee meeting, September 21, 2017 - Verbal Update

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health receive the September 21, 2017 Governance Committee meeting minutes.*

Carried

2017 Mid-year Strategic Plan Update (Report No. 007-17GC)

It was updated that the Balanced Scorecard is either on track or up-to-date and any areas not on track have been explained by staff.

It was moved by Mr. Hunter, seconded by Mr. Smith *that the Board of Health receive Report No. 007-17GC re: 2017 Mid-Year Strategic Plan Update for information.*

Carried

2016 Year-end Performance on Accountability Indicators (Report No. 008-17GC)

It was moved by Mr. Hunter, seconded by Ms. Cassidy *that the Board of Health receive Report No. 008-17 re: 2016 Year-End Performance on Accountability Indicators for information.*

Carried

MOH/CEO Performance Review (Report No. 009-17GC)

It was noted that there is a plan to revise the MOH/CEO performance evaluation procedure which requires the approval of the Board of Health.

It was moved by Mr. Hunter, seconded by Mr. Peer *that the Board of Health Report 009-17GC and approve the modified 2016 performance appraisal process for the Medical Officer of Health / Chief Executive Officer.*

Carried

Policy Review (Continued)

G-380 Conflicts of Interest and Declaration

It was noted that the paragraph under the 'Special Role of the Board of Health Chair' be deleted and a heading be added above the 'Financial Endorsements' section.

G-040 MOH CEO Selection and Succession Planning

It was noted that there were no changes to this policy since Committee materials were circulated.

It was moved by Mr. Hunter, seconded by Mr. Smith *that the Board of Health approve policies as recommended by the Governance Committee*.

Carried

DELEGATIONS AND RECOMMENDATION REPORTS

2018 Board of Health Budget – Financial Parameters (Report No. 052-17)

Discussion ensued around the following items:

- Funding will need to be provided for work related to the opioid crisis.
- A PBMA draft report will be brought forward to the November 2nd Finance and Facilities Committee.
- Open meetings have been held with staff on proposed disinvestments and investments.
- Importance of PBMA process when working with a zero based budget.

It was moved by Ms. Fulton, seconded by Mr. Meyer, *that the Board of Health approve:*

1) *An increase of 0% in provincial funding for Mandatory Programs;*
2) *An increase of 0% in municipal funding for Mandatory Programs; and*
3) *A grant increase of 0% for all other programs.*

Carried

Expert Panel on Public Health: Proposed Response and Process (Report No. 053-17)

Dr. Mackie provided context around the outcome of the report and will look to the Board for guidance and approval of the Health Unit's proposed response as more information is released.

Discussion ensued on the following items:

- The three organizations' separate responses to the Expert Panel.
- The planned collaboration on responses strengthens them.

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer, *that the Board of Health:*

1) *Receive Report No. 053-17;*
2) *Approve Appendix A: Response to the Minister's Expert Panel on Public Health; and*
3) *Direct staff to work with representatives of the City of London and the County of Middlesex to submit a joint cover letter that introduces the three organizations' separate responses to the Expert Panel and highlights common concerns.*

Carried

INFORMATION REPORTS

Incident Management System (IMS) Activated to Enhance Response to Community Drug Crisis (Report No. 054-17)

Dr. Mackie provided an overview of the Incident Management System (IMS) and the details around why and how the system was activated.

Discussion ensued around the following items:

- When the public consultations will occur.
- The harm reduction team and the status of the initiatives in which they have been involved.
- Frequency of meetings, which will be evaluated on an ongoing basis.
- That the focus of Health Unit efforts will need to shift along the way.
- Whether the partners the Health Unit are working with are receptive to enhancing treatment of addictions in the community and where the treatments are coming from.

It was moved by Mr. Hunter, seconded by Mr. Meyer, that the Board of Health *receive Report No. 054-17 re: Incident Management System (IMS) to Enhance Response to Community Drug Crisis for information.*

Carried

Summary Information Report, October 2017 (Report No. 055-17)

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 055-17 re: Summary Information Report, October 2017 for information.*

Carried

Medical Officer of Health / CEO Activity Report, October 2017 (Report No. 056-17)

It was moved by Mr. Hunter, seconded by Ms. Cassidy, *that the Board of Health receive Report No. 056-17 re: Medical Officer of Health Activity Report, October 2017 for information.*

Carried

VERBAL UPDATE

Mr. Stephen Turner provided a verbal update on the cold chain incident that happened on October 6th and discussion ensued around the following items:

- Failure to maintain appropriate temperature in the refrigerator resulted in the loss of flu vaccines.
- Failure of alarm system to notify staff in the appropriate amount of time, as per protocol.
- Vaccine was replaced in a rush order and a report was required to be submitted to the province.
- Financial expense will not be incurred by the Health Unit.
- The other refrigerators have different alarm systems based on the vintage of the unit and are tested twice annually. Additional testing was completed after the incident.

It was moved by Ms. Cassidy, seconded by Mr. Hunter, *that the Board receive the verbal update from Mr. Stephen Turner regarding the cold chain incident.*

Carried

OTHER BUSINESS

Chair Helmer reviewed the next meeting dates for the Board of Health and its sub-committees:

- Next Finance & Facilities Committee meeting: November 2, 2017 @ 9:00 a.m.
- Next Board of Health meeting: November 16, 2017 @ 7:00 p.m.
- Next Governance Committee meeting: December 14, 2017 @ 6:00 p.m.

CORRESPONDENCE

It was moved by Ms. Fulton, seconded by Mr. Peer, *that the Board of Health receive items a), through e).*

Carried

CONFIDENTIAL

At 7:45 p.m., it was moved by Ms. Cassidy, seconded by Mr. Hunter, *that the Board of Health move in-camera to discuss matters regarding identifiable individuals, and to consider confidential minutes of the September 21 Board of Health meeting.*

Carried

All staff in attendance except the Board of Health and Dr. Mackie left the meeting.

At 8:19 p.m., it was moved by Ms. Cassidy, seconded by Mr. Meyer, *that the Board of Health rise and return to public session.*

Carried

At 8:19 p.m., the Board of Health returned to public session.

ADJOURNMENT

At 8:19 p.m., it was moved by Mr. Smith, seconded by Ms. Cassidy, *that the meeting be adjourned.*

Carried

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JESSE HELMER **CHRISTOPHER MACKIE**
Chair **Secretary-Treasurer**

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 058-17

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer

DATE: 2017 November 16

FINANCE AND FACILITIES COMMITTEE MEETING – November 2, 2017

The Finance and Facilities Committee met at 9:00 a.m. on Thursday November 2, 2017.

A summary of the discussion can be found in the minutes.

The following reports were reviewed at the meeting and recommendations made:

Reports	Recommendations for Board of Health's Consideration and Information
Activity Based Workspace (ABW) Equipment **(Report No. 035-17FFC)**	It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee:* *a) Receive Report No. 035-17FFC for information; and* *b) Approve the allocation of $150,000 for Activity-Based Workspace Equipment.* Carried
Enhanced Security Measures Update **(Report No. 036-17FFC)**	It was moved by Ms. Vanderheyden, seconded by Mr. Peer, *that the Finance and Facilities Committee:* *1) Receive Report No. 036-17FFC for information; and* *2) Approve the extension of the uniformed daytime security guard contract to December 31, 2017; and* *3) Approve the proposed Security Procurement Parameters outlined in Appendix C.* Carried
Proposed Resource Reallocation for the 2018 Budget **(Report No. 037-17FFC)**	It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report No. 037-17FFC for information.* Carried
Q3 Financial Update and Factual Certificate **(Report No. 038-17FFC)**	It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the Finance & Facilities Committee receive Report No. 038-17 for information.* Carried

The Finance and Facilities Committee moved in-camera to discuss matters regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.

The next meeting will be Thursday December 7, 2017 at 9:00 a.m. in Room 3A, 50 King Street.

This report was submitted by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 059-17

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health / Chief Executive Officer

DATE: 2017 November 16

MODERNIZATION OF THE SMOKE-FREE ONTARIO STRATEGY

Recommendation

It is recommended that the Board of Health:

1. ***Endorse the recommendations in the "Smoke-Free Ontario Modernization: Report of the Executive Steering Committee"; and***
2. ***Call on the Ontario Ministry of Health and Long-Term Care: (a) to proceed with the creation of a renewed Smoke-Free Ontario Strategy; and (b) to commit to the proposed end-game target of reducing the prevalence of commercial tobacco use in Ontario to less than 5% by 2035.***

Key Points

- The Smoke-Free Ontario Strategy is ready for renewal, and as such the Minister of Health and Long-Term Care formed an Executive Steering Committee to provide evidence-based, actionable recommendations on how to address the burden of commercial tobacco use in Ontario.
- On October 10, 2017, the Ministry of Health and Long-Term Care released the Executive Steering Committee's report: "Smoke-Free Ontario Modernization: Report of the Executive Steering Committee."
- The report recommends that Ontario work together with the federal government to reach a proposed end-game target of reducing the prevalence of commercial tobacco use in Ontario to less than 5% by 2035.
- In order to attain the end-game targets, Ontario must strengthen existing legislation and take bold action, creating new measures to reduce the uptake of tobacco and the burden of addiction.

The Burden of Tobacco

Even though the Smoke-Free Ontario Strategy has achieved many successes since its inception in 2005, tobacco remains the leading cause of preventable disease and death in the province of Ontario. According to Public Health Ontario's report "Evidence to Guide Action: Comprehensive Tobacco Control in Ontario (2016)," Ontario has the third-lowest smoking rate in Canada, yet rates have plateaued over the last few years. Not only is smoking responsible for 13,000 deaths in Ontario each year, it also accounts for $7.5 billion in direct healthcare costs and 5.3 billion in lost income and productivity. In order to end the tobacco epidemic, Ontario must renew the Smoke-Free Ontario Strategy with a bold, innovative approach that will yield the drastic declines in smoking rates required to reduce the healthcare burden.

The End Game

Historically the term *tobacco control* has applied to the work that has been done by public health and non-governmental and government agencies to mitigate the effects of commercial tobacco use. Today, however, a new school of thought challenges this concept of tobacco "control." The new end-game approach to tobacco control challenges us to move beyond controlling the epidemic to eradicating it completely.

In the fall of 2016, Queen's University hosted a summit of tobacco control experts to discuss a federal tobacco end-game strategy. Summit participants agreed to a target of 5% prevalence of commercial tobacco use in Canada by 2035. Subsequently, in February 2016, as the result of a consultative process, the federal Minister of Health released a consultation paper that proposed adoption of the end-game target as the goal of a new Federal Tobacco Strategy (Report No. 028-17).

Smoke-Free Ontario Modernization

The Smoke-Free Ontario Strategy was created in 2005, and has since come up for renewal. In preparation for developing a new strategy, the Minister of Health and Long-Term Care formed an Executive Steering Committee in the spring of 2017. The Committee was co-chaired by Roselle Martino, Assistant Deputy Minister for the Ministry of Health and Long-Term Care, and Dr. Andrew Pipe, University of Ottawa Heart Institute. Public Health was represented by Dr. Charles Gardner, Medical Officer of Health for the Simcoe Muskoka District Health Unit, and Dr. George Pasut, Public Health Ontario. The Committee was asked to provide evidence-based recommendations aligned with the government's strategic vision and priorities for control of tobacco and other harmful inhaled substances and products. It must be noted that alongside this process, the Minister has been working with First Nations and Indigenous communities to ensure Ontario includes appropriate actions to address the impact of commercial tobacco on the health of First Nations and Indigenous Peoples in the renewed strategy.

On October 10, 2017, the Ministry of Health and Long-Term Care released the Executive Committee's report: "Smoke-Free Ontario Modernization: Report of the Executive Steering Committee." The report recognizes that Ontario has been a leader in tobacco control nationally and internationally, and that significant gains have been achieved to date. However, it also states that unless bold new action is taken, we may expect that over the next two decades, at least 260,000 Ontarians will die from a tobacco-related illness. Maintaining the status quo is not an option. The Executive Steering Committee recommended that Ontario adopt the same end-game target of less than 5% smoking prevalence of commercial tobacco use by 2035, in alignment with the federal government's target.

In order to meet this end-game target, Ontario must take aggressive action to combat the tobacco epidemic and must create a comprehensive strategy that reduces harm from all inhaled substances, including shisha, cannabis, and other potentially harmful emerging products (such as heat-not-burn products and other vaped substances). To be successful, work must continue on all three pillars of tobacco control (prevention, cessation, and protection), and new work must be initiated to combat the tobacco industry. We must increase the number of Ontarians who quit smoking from 45,000 to more than 80,000 per year, and reduce the number of Ontarians who start to smoke to 10,000 per year. The report recommends that aggressive action be taken to: control the tobacco industry; enhance person-centred, barrier-free cessation services; intensify prevention and protection efforts through innovative strategies and strengthened legislation; and enhance the tobacco control system under a model of strong regional and provincial leadership. It is recommended that the Board of Health send a letter to the Minister of Health and Long-Term Care urging the Ontario Ministry of Health and Long-Term Care to proceed with the creation of a renewed Smoke-Free Ontario Strategy with end-game targets.

In one generation – less than twenty years – Ontario could end the tobacco epidemic, resulting in billions of dollars in healthcare savings and preventing more than a quarter-million tobacco-related deaths.

This report was prepared by the Chronic Disease Prevention and Tobacco Control Team and the Southwest Tobacco Control Area Network of the Healthy Living Division

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 060-17

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO

DATE: 2017 November 16

2017 NUTRITIOUS FOOD BASKET SURVEY RESULTS AND IMPLICATIONS FOR GOVERNMENT PUBLIC POLICY

Recommendations

It is recommended that the Board of Health:

1. ***Write to the Minister of Health and Long-Term Care supporting maintaining local surveillance and monitoring of food costing by public health units within the modernized Standards for Public Health Programs and Services (SPHPS);***
2. ***Submit a letter to the Associate Deputy Minister of Health System Information Management and CIO of the Ministry of Health and Long-Term Care, and the Director General of the Office of Nutrition Policy and Promotion at Health Canada, advocating for the Household Food Security Survey Module to be made a core module of the Canadian Community Health Survey; and***
3. ***Forward Report No. 060-17 re: "2017 Nutritious Food Basket Survey Results and Implications for Government Public Policy" and Appendix A to Ontario Boards of Health, the City of London, Middlesex County, and appropriate community agencies.***

Key Points

- The Nutritious Food Basket survey results for 2017 demonstrate that the incomes of many Middlesex-London residents are not adequate to afford basic needs.
- Food insecurity has a pervasive impact upon health, and there is a need for income-based solutions.
- Routine monitoring of food affordability across Ontario helps to generate evidence-based recommendations for addressing income inadequacy and food insecurity, and should remain a core requirement under modernized public health standards.
- Consistent monitoring of household food security is fundamental to evidence-based policy decision-making; therefore, the Household Food Security Survey Module should be made a core module of the Canadian Community Health Survey.

Background

Each year in May, in accordance with the Ontario Public Health Standards, public health units conduct the Nutritious Food Basket (NFB) survey. The survey provides a measure of the cost of basic healthy eating and food affordability by comparing the local cost of the food basket and rental costs to various individual and family income scenarios. Poor nutrition increases the risk of chronic and infectious diseases, and negatively impacts the growth and development of children.

Survey Results

In May 2017, the estimated local monthly cost to feed a family of four was $843.01. Estimated food costs are a snapshot of the prices at the time of data collection. Any increase or decrease year-to-year may or may not represent a significant change, especially in the context of other changes (e.g., utilities and housing costs, incomes). In general, food is affordable for Middlesex-London residents with adequate incomes; a family of four with average income spends only about 11% of its after-tax income on food.

Individuals and families with low incomes would need to spend up to 36% of their income to achieve a healthy diet, which leaves inadequate income for other basic necessities. Table 1 highlights scenarios for Middlesex-London residents, using 2017 income rates, rental costs, and food costs, demonstrating again that people with low incomes cannot afford to eat healthy after meeting other essential needs for basic living. Appendix A, "Food Security in Middlesex-London (2017)," provides an overview of local food insecurity, income inadequacy, and opportunities for community action.

Table 1: Monthly Income and Cost-of-Living Scenarios, 2017

	Single Man Ontario Works	Single Man ODSP	Single Woman over 70 OAS/ GIS	Family of 4 Ontario Works	Family of 4, Minimum Wage Earner	Family of 4 Average Income (after tax)
Income (Inc. Benefits & Credits)	$794	$1,226	$1,663	$2,549	$3,268	$7,896
Estimated Rent**	$621	$802	$802	$1,166	$1,166	$1,166
Food (Nutritious Food Basket)	$283.60	$283.60	$205.14	$843.01	$843.01	$843.01
WHAT'S LEFT?*	**-$110.60**	**$140.40**	**$655.86**	**$539.99**	**$1,258.99**	**$5,886.99**

* People still need funds for utilities, phone, transportation, cleaning supplies, personal care items, clothing, gifts, entertainment, Internet, school supplies, medical and dental costs, and other expenses.

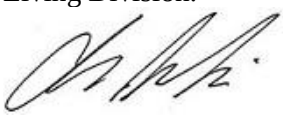
**Rental estimates are from *Canadian Mortgage and Housing Corporation Rental Market Statistics*, fall 2016. Utility costs may or may not be included in the rental estimates.

Opportunities for Action

Routine monitoring of food affordability across Ontario helps to generate evidence-based recommendations for collective public health action to address income inadequacy and food insecurity. In 2016, the Board of Health sent a letter to the Minister of Health and Long-Term Care supporting the inclusion of the Nutritious Food Basket (NFB) standard in the modernized SPHPS (Report 063-16). The SPHPS Consultation Document includes no explicit requirement that public health units continue annual, systematic collection and analysis of the NFB survey information. Local food-cost monitoring data is critical for policy and program development as it relates to healthy eating and health equity. It is recommended that the Board of Health write to the Minister of Health and Long-Term Care supporting the continuation of local surveillance and monitoring of food costing by public health units through a standardized protocol or guidance document under the modernized SPHPS.

The Household Food Security Survey Module (HFSSM), included on annual cycles of Statistics Canada's Canadian Community Health Survey (CCHS), has facilitated monitoring Household Food Insecurity (HFI) since 2005. Consistent monitoring of HFI is fundamental to population health research and evidence-based policy decision-making at all levels of government. HFI is especially important to help inform public health program delivery for food insecurity, food literacy, and health equity. Ontario is one of three provinces/territories that did not include this module in the 2015–16 cycle, and the lack of data will have ramifications for the assessment of the Ontario Food Security Strategy and the Ontario Basic Income Pilot. It is recommended that the Board of Health send a letter to Health Canada and the Ontario Ministry of Health and Long-Term Care advocating for the HFSSM to be made a core module of the Canadian Community Health Survey.

This report was prepared by the Chronic Disease Prevention and Tobacco Control Team of the Healthy Living Division.

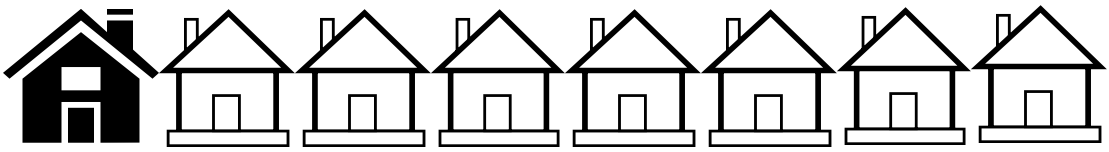


Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

Food Insecurity in Middlesex-London

2017

All residents should have access to a nutritious, adequate and culturally acceptable diet.



About 1 in 8 Middlesex-London households struggle to put food on the table.

When money is tight, people cut food budgets to pay for other expenses.

They buy cheaper, less nutritious foods or skip meals.

Poor diets increase risk of infections & chronic diseases (e.g. diabetes, heart disease, cancer).

Social assistance rates are NOT ENOUGH

Single people receiving social assistance do not have enough money for adequate housing and healthy food.

Many incomes are NOT ENOUGH

3 out of 5 households who struggle to put food on the table have paid employment.

What can you do?

- Advocate for basic income, living wage, increased social assistance.
- Get involved during elections, your vote matters!
- Find out what type of community organizer you are at www.ifyouknew.ca.
- Read " London for All: A Roadmap to End Poverty".
- Volunteer as an ally, child minder or meal provider at Bridges Out of Poverty / Circles.
  - sclarke@goodwillindustries.ca (London)
- Volunteer as a gardener or meal provider.
  - info@wrrcsa.org (Strathroy)
- Donate time, skills or money to support local organizations.

www.healthunit.com/cost-of-healthy-eating

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 061-17

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO

DATE: November 2, 2017

ORAL HEALTH TEAM STAFFING MODEL RESTRUCTURE

Recommendation

It is recommended that Report No. 061-17 re: "Oral Health Team Staffing Model Restructure" be received for information.

Key Points

- Dental hygienists have experienced increased workloads due to an increase in follow-up cases.
- Four part-time Registered Dental Hygienist positions will be converted into three full-time positions by reallocating the time from one vacant 0.7 FTE Dental Hygienist position. There is no net change in cost or FTE.
- Scheduling full-time positions will better support the Health Unit in fulfilling its mandate to provide timely, responsive client follow-up from school screenings.

Background

Registered Dental Hygienists (RDH) are responsible for the Oral Health Assessment and Surveillance Protocol, and provide dental screening in all schools in Middlesex and London. The number of children eligible for follow-up and contact by the Health Unit after the school screening has occurred has increased from 654 in the 2014–15 school year to 1,743 in 2016–17. In addition, while the Ministry has not yet released its new protocols for oral health screening, it is anticipated that there may be additional screening in elementary schools. By increasing its complement of full-time registered dental hygienists, the Health Unit will be better positioned to meet the demands of the new oral health protocols.

Dental Hygienist Staffing Complement

Three part-time Registered Dental Hygienist positions will be converted into full-time positions. This change can be accomplished by reallocating the time from one 0.7 full-time-equivalent (FTE) Dental Hygienist position (currently vacant due to a retirement) to three existing part-time positions. Scheduling full-time positions will better support the Health Unit in fulfilling its mandate to provide timely, responsive follow-up for children in need of dental treatment.

Current RDH FTE Complement	New RDH FTE Complement
1.0	1.0
0.6	0.6
0.7	1.0
0.8	1.0
0.8	1.0
0.7 (vacant)	0
Total: 4.6 FTE	**Total: 4.6 FTE**

This change will increase efficiency and impact. It is also cost-neutral with respect to the Health Unit's budget, as staff members already receive a percentage in lieu of benefits on top of their wages, and are already enrolled in OMERS.

This report was submitted by the Oral Health Team.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 062-17BOH

TO: Chair and Members of the Board of Health

FROM: Dr. Christopher Mackie, CEO and Medical Officer of Health

DATE: 2017 November 16

LOCALLY DRIVEN COLLABORATIVE PROJECT: FOOD LITERACY RESEARCH

Recommendation

It is recommended that Report No. 062-17BOH re: "Locally Driven Collaborative Project: Food Literacy Research" be received for information.

Key Points

- Food literacy is a set of interconnected attributes organized into categories: food and nutrition knowledge; food skills; self-efficacy/confidence; food decisions; and ecological/external factors.
- The key attributes of food literacy fall under many of the new Standards for Public Health Programs and Services (SPHPS), including: Chronic Disease, Injury Prevention, Wellness and Substance Misuse, Food Safety, Healthy Environments, Healthy Growth and Development, and School Health.
- Scientific literature shows there is a lack of validated tools available to measure food literacy to determine its impact on health.
- Public Health Ontario (PHO) is providing Cycle 4 renewal funding for the Locally Driven Collaborative Project Healthy Eating Team, of which the Health Unit is a co-lead agency, to develop a food literacy measurement tool.
- A validated food literacy measurement tool and the collection of data will provide the means to understand more effectively the relevance of food literacy to diet and health, and will aid in the development and evaluation of effective public health practice.

Locally Driven Collaborative Project Cycle 4 (2016–17) Research

Since October 2011, Public Health Ontario (PHO) has provided funding for Locally Driven Collaborative Projects (LDCP) to strengthen and support applied research, program evaluation, education, professional development, and knowledge exchange functions within Ontario's public health system. The LDCP Healthy Eating Team (or "LDCP team") received PHO Cycle 1 funding to conduct a qualitative inquiry to gain a better understanding of the meaning of food skills among two priority populations in Ontario between 2012 and 2014 (Reports No. 100-13 and No. 55-15). This research led the LDCP team to probe further into the measurement of food literacy with Cycle 4 funding. The objectives of the 2016–17 research project were to identify and summarize the attributes of food literacy (including food skills) in the literature, and then determine which attributes were priorities for measurement and tool development.

To achieve these objectives, the LDCP team conducted a scoping review to further deconstruct the concept of food literacy, with findings published in Public Health Nutrition. This work was followed by a consensus-building Delphi method process, with public health practitioners and other key stakeholders, to obtain input about the validity, relevance, and importance of the food literacy attributes identified through the scoping review within a public health context (manuscript in progress). Eleven interconnected attributes organized into five categories were identified, as depicted in a Food Literacy Framework. This framework outlines the complexity of factors influencing dietary behaviours and interactions, which may provide the scaffolding needed for individuals to navigate the current food system to facilitate healthy food decisions.

In 2017, the team implemented an extensive knowledge exchange strategy with the goal of shifting public health practice to a more comprehensive food literacy approach at program and policy levels. Conference presentations, workshops, and other communication tools illustrate the practical applications of food literacy attributes as a framework for healthy eating programs in public health, and identify gaps and opportunities for improvements. Knowledge exchange activities are ongoing until the end of 2017.

Cycle 4 Renewal Funding – Food Literacy Measurement Tool Development

Clarifying the influence of food literacy on dietary quality is important for developing effective chronic disease prevention programs, services, and policies; however, scientific literature shows there is a lack of validated tools to measure food literacy and its impact on health. Many relevant, evaluated interventions currently have indicators that focus only on a small number of food literacy attributes, which primarily emphasize outcomes related to food and nutrition knowledge. Without a validated tool, it is difficult to conduct high-quality research that may contribute to food literacy evidence within the public health context.

The Health Unit, as a co-lead agency with the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), received confirmation from PHO that two-year (2018–19) Cycle 4 Renewal Funding has been approved, and will flow to HKPRDHU to support the team in developing and validating a food literacy measurement tool. A validated tool will allow for: measurement of the comprehensive aspects of food literacy; understanding the complex relationships among the interconnected attributes; comparability of findings among studies; increased confidence in the body of evidence available; and investigation into which attributes are critical to improving dietary intake and quality. The absence of evaluated measurement tools inhibits the ability of public health professionals to: assess the impact of food literacy programs and/or services on food literacy outcomes, and ultimately eating behaviours; assess and monitor food literacy; tailor, target, and evaluate programs; identify gaps in programming; engage in food literacy advocacy efforts; and, in the current context of fiscal constraints, appropriately allocate resources.

Food Literacy Alignment with the Standards for Public Health Programs and Services

The Standards for Public Health Programs and Services (SPHPS) use a policy framework for public health programs and services focused on four domains: Social Determinants of Health, Healthy Behaviours, Healthy Communities, and Population Health Assessment. The Food Literacy Framework links up with these four domains, three foundational standards, and five program standards. In its Call to Action for Healthy Eating, the LDCP team provides recommendations, rationale, and public health actions on how to use the Food Literacy Framework as an evidence-informed approach in the development and implementation of public health programs, services, and policies addressing healthy eating under the modernized SPHPS. The LDCP research findings lay a foundation for the development of a food literacy measurement tool encompassing key indicators of the identified attributes. A validated food literacy measurement tool and the collection of robust data will provide a means to more effectively understand the relevance of food literacy to diet and health, and will aid in the development and the evaluation of effective public health practice.

This report was prepared by the Chronic Disease Prevention and Tobacco Control Team of the Healthy Living Division.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

This report addresses the following requirements of the Ontario Public Health Standards (revised March 2017): Foundational Standards 4, 9, 10, 13; Chronic Disease and Injury Program Standards (Chronic Disease) 3, 4, 5, 6, 7, 8, 11, 12; Family Health Program Standards (Child Health) 4, 5, 7; Environmental Health Program Standards (Food Safety) 5.

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 063-17

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer

DATE: 2017 November 16

SUMMARY INFORMATION REPORT FOR NOVEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 063-17 re: Summary Information Report for November for information.

Key Points

- The **Burden of Occupational Cancer in Ontario,** published by Cancer Care Ontario and the Occupational Cancer Research Centre, makes evidence-based policy recommendations for Ontario's occupational health and safety system, employers, non-governmental organizations and the Ontario Government to take action to prevent occupational exposure to carcinogens.

- In 2016, $56,080 **Harvest Bucks** were distributed by 41 community programs to 1,536 households with a redemption rate of 83% ($46,682).

The Burden of Occupational Exposure to Carcinogens

The **Burden of Occupational Cancer in Ontario**, published by Cancer Care Ontario (CCO) and the Occupational Cancer Research Centre (OCRC), is the sixth report in Cancer Care Ontario's *Cancer Risk Factors in Ontario* series. This report focuses on the most common known or suspected carcinogens found in Ontario workplaces and their contribution to the burden of occupational cancer. This report is important because it quantifies the extent of exposure and helps to highlight that, with the enactment of suggested policy changes and workplace-based health protective measures, exposure could be prevented and the burden of occupational cancer could be reduced. The report profiles evidence for 11 major carcinogens to which a large number of Ontario workers are exposed and contribute most to the burden of occupational cancer. These carcinogens include solar ultraviolet radiation, asbestos, diesel engine exhaust, Crystalline Silica and environmental tobacco smoke. It is recommended that these cancer-causing agents be prioritized for exposure prevention and policy controls because they represent the best opportunity for maximizing public health impact. In fact, as stated by CCO and the OCRC, solar ultraviolet radiation, radon and PM2.5 account for over 90 per cent of the total estimated environmental burden of cancer in Ontario. Other carcinogens of interest include sedentary work, pesticides and shift work involving circadian disruption. The report intends to raise awareness, facilitate discussion and create change across the Ontario Government Ministries of Labour, Health and Long-Term Care, Environment and Climate, Transportation and Infrastructure with the goal of preventing future occupational cancers by:

- Strengthening occupational exposure limits based on the most up to date evidence of health effects;
- Reducing or eliminating the use of toxic substances;
- Creating registries of workers exposed to occupational carcinogens for improved monitoring and surveillance; and,
- Broadening current occupational health and safety legislation to better protect workers in the construction and trades industry.

This report will be a helpful resource for Health Unit staff to inform future program and policy direction that aims to reduce the incidence and burden of cancer in Ontario.

Harvest Bucks

Only 37% of Middlesex-London residents eat vegetables and fruit five or more times a day. **Harvest Bucks**, a vegetable and fruit voucher program coordinated by the Health Unit, helps to increase local access to and consumption of vegetables and fruit while promoting community connectedness through the farmers' market experience. In 2016, $56,080 Harvest Bucks were distributed by 41 community programs to 1536 households with $46,682 redeemed (83%). Compared to 2015, this is an 80% increase in the amount of Harvest Bucks distributed and an increase of 20 community programs receiving Harvest Bucks for distribution. The program continues to grow as we have already surpassed these numbers for the current 2017 cycle. The Harvest Bucks 2016 infographic is attached to this report as **Appendix A.**

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health and CEO

HARVEST BUCKS

Vegetable & Fruit Program

2016

Only **37%**

of Middlesex-London residents eat vegetables and fruit five or more times a day.[1]

$56,080 of Harvest Bucks distributed

31 Funded programs[2]

$46,682 of Harvest Bucks redeemed

=83% redemption rate

10 Direct purchase programs[3]

Redeemed at **7** farmers' markets[4]

1536 Households received Bucks

Interested in Donating?

100%

of donations go to purchasing Harvest Bucks for funded programs!

To learn more, please contact: 519-663-5317 ext.2353
or visit: www.healthunit.com/harvest-bucks

Partnership of:

Covent Garden Market
Downtown Strathroy Market
Farmers' & Artisans' Market at the Western Fair
London's Child & Youth Network
Middlesex-London Health Unit
On the Move Organics
Southdale Farmers' & Artisans' Market

- vegetable & fruit consumption
- knowledge of farmers' markets
- support for local producers

1 Source: Canadian Community Health Survey 2013/2014 - ShareFile.

2 Funded programs include four emergency food banks.

3 Some programs directly purchase Harvest Bucks.

4 Participating markets include Covent Garden Market (indoor and outdoor), Downtown Strathroy Market, Farmers' and Artisans' Market at the Western Fair, On the Move Organics, Southdale Farmers' and Artisans' Market, Masonville Farmers' and Artisans' Market, and SoHo Market.

Middlesex-London Health Unit, 2017

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 064-17

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / Chief Executive Officer

DATE: 2017 November 16

MEDICAL OFFICER OF HEALTH ACTIVITY REPORT, NOVEMBER

Recommendation

It is recommended that the Board of Health receive Report No. 064-17 re: Medical Officer of Health Activity Report, November for information.

The following report presents activities of the Medical Officer of Health for the period of October 10, 2017, to November 3, 2017.

October 10	Attended the London For All Health Accountability Group meeting Met with Maria Sanchez-Kean to discuss the Opioid consultations Attended the World Homeless Action Day 2017 Event
October 11	Attended and lead a meeting of the IMS Drug Crisis Met with Peter Fragiskatos MPP to discuss the drug crisis
October 17	Attended the All Staff Town Hall meeting Had a phone meeting with Peter Rozeluk, Mission Services to discuss harm reduction Had a phone meeting with Jeannette Eberhard, London Police Services Board to discuss a presentation to their Board
October 18	Met with staff to discuss PBMA investments Met with Gillian Kernaghan, St. Joseph's Health Centre to discuss the hospital's strategic plan
October 19	Attended the CEO/CAO Breakfast meeting hosted by Hydro London Met with Elgin Middlesex Detention Centre (EMDC) staff to discuss HIV testing there Made a presentation to the London Police Services Board in regards to opioid crisis work Attended the Board of Health meeting
October 20	Participated in an in-studio interview with Craig Needles at AM980 regarding Nurse Family Partnership (NFP) Met with staff at Centre of Hope to discuss harm reduction strategies Chaired the second meeting of the Opioid Crisis Working Group (OCWG)
October 23	Met with Anne Armstrong, London Cares to discuss opioid crisis issues Met with Ira Brown, Western University to discuss an Opioid Crisis Student Organization Met with Maria Sanchez-Keane to get an update on community consultations Attended Ward 6 meeting to present on Supervised Consumption Facilities

October 24 Attended the Youth Opportunities Unlimited announcement – funding donation

October 25 Initial meeting with McCabe staff to review Health Unit needs

October 26 Lead a class of Masters of Public Health (MPH) students
Participated in a series of interviews regarding the launch of public consultations for supervised consumption facilities:
AM 980 – Mike Stubbs
1290 CJBK – Andy Oudman
CTV London – Marek Sutherland
CBC Radio – Chris dela Torre

October 30 Met via the phone with Janette MacDonald, Downtown London to discuss harm reduction

November 1 Met with Lynne Livingstone and Jan Richardson to discuss needle pick-up initiatives
Attended a meeting with London Poverty Research Centre (LPRC) staff regarding poverty strategy
With MPH Professors, attended a dinner with 3 MPH students

November 2 Attended the Finance and Facilities Committee meeting
Attended the Centre for Research on Health Equity and Social Inclusion (CRHESI) Advisory Board meeting
Provided a live interview with Rogers TV London for their #LDNONT TV show

This report was submitted by the Office of the Medical Officer of Health.

Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health / CEO